

# State of Delaware



MATTHEW DENN  
INSURANCE COMMISSIONER

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## Department of Insurance

CE-5

### CONTINUING EDUCATION COURSE EVALAUTION

Provider/School/Organization: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Location: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course Date: \_\_\_\_\_

Please rate the following for the listed course using a scale of 1-5 with 5 the highest. **Your evaluation form should be mailed/faxed to the address/number above, or left in the Licensing Division's in-box at the Delaware Insurance Department.** Do not return to the provider. You may duplicate this form and submit for other courses you have recently completed.

Speaker Evaluation:	Excellent	Good	Average	Fair	Poor
Subject Knowledge	5	4	3	2	1
Organization & Preparation	5	4	3	2	1
Focused on the Subject	5	4	3	2	1
Attitude Towards Class	5	4	3	2	1
Use of Visual Aids/Handouts	5	4	3	2	1
Speaking Ability	5	4	3	2	1
Sensitivity to Time Schedule	5	4	3	2	1

Course Content:	Excellent	Good	Average	Fair	Poor
Organization	5	4	3	2	1
Relevance	5	4	3	2	1
Instructional Value	5	4	3	2	1
Kept the Class's Attention	5	4	3	2	1
Clear & Concise	5	4	3	2	1
Quality of Materials Provided	5	4	3	2	1

Facility Evaluation: (If applicable)	Excellent	Good	Average	Fair	Poor
Convenient Location	5	4	3	2	1
Adequate Parking	5	4	3	2	1
Classroom Conditions	5	4	3	2	1

Would you recommend this school/course to others? ☐ Yes ☐ No

Did you get your "money's worth"? ☐ Yes ☐ No

Please make any additional comments (will remain confidential) here or on the back of this form:

Name, License # and/or Address (optional):

**Please return this form within 5 days.** We appreciate your time and cooperation. For any questions, please call (302)739-4254, extension 147.